## Application Number 10/622,631 Filing Date July 21, 2003 First Named Inventor Manuel R. SILVA, Jr., et al. 3752 Group Art Unit TRANSMITTAL Examiner Name D. W. Gorman **FORM** Attorney Docket No. 34008:E/1-US (73434-001US) 4556 Confirmation No. ENCLOSURES (check all that apply) Copy of Notice to File Missing Request for Certificate of Fee Transmittal Form Parts of Application (PTO-1553) Correction ☐ Check Attached Copy of Fee Certificate of Correction Replacement Drawing(s) Transmittal Form Notice of Appeal to Board $\boxtimes$ Request For Continued of Patent Appeals and Amendment/Response Examination (RCE) Interferences Supplemental Amendment Transmittal Appeal Brief After Final ☐ Affidavits/declaration(s) Power of Attorney Status Inquiry Letter to Official (Revocation of Prior Powers) Draftsperson Return Receipt Postcard including Drawings [Total Sheets \_\_\_\_] $\Box$ Terminal Disclaimer П Certificate of Facsimile Transmission under 37 C.F.R. 1.8 Petition for Extension of **Executed Declaration and Power** of Attorney for Utility or Design Time Additional Enclosure(s) Patent Application (please identify below) Response to Restriction Requirement $\boxtimes$ Small Entity Statement Information Disclosure Statement $\boxtimes$ Form PTO-1449 Copies of IDS CD(s) for large table or computer Citations program Certified Copy of Priority Amendment After Allowance Document(s) Sequence Listing submission Paper Copy/CD CERTIFICATE OF ELECTRONIC TRANSMISSION Computer Readable Copy I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being electronically filed on this 2 day of 500 TEMBER, 2007. Statement verifying identity of above CORRESPONDENCE ADDRESS SIGNATURE BLOCK Direct all correspondence to: Date: September 26, 2007 Customer Number: 60708 Reg. No.: 38,708 David W. Laub Tel. No.: (202) 416-6800 Attorney for the Applicant Fax No.: (202) 416-6899 Proskauer Rose LLP

1001 Pennsylvania Avenue, NW

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## **FEE TRANSMITTAL** FY 2007

Complete if Known						
Application Serial No.	10/622,631					
Filing Date	JULY 21, 2003					
First Named Inventor	MANUEL R. SILVA, JR., ET AL.					
Group No.	3752					
Examiner Name	GORMAN, DARREN W.					
Confirmation No.	4556					

				Commination	ii INU.	4330		
METHOD OF PAYMENT				FEE CALCULATION (continued)				
Payment Enclosed:				4. ADDITIONAL FEES				
☐ Check ☐ Money Order ☒ Other				Large	Small			
					Entity	Entity		
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840				Fee(S)	Fee (S)	Fee Description	Fee Paid	
Required Fees (copy of this sheet enclosed).				130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and 1.17.				50	25	Surcharge - late provisional filing fee or cover sheet		
Overpayment Credit.				130	130	Non-English specification		
Applicant claims small entity status.				2,520	2,520	Request for ex parte re-examination		
FEE CALCULATION				120	60	Extension for reply within 1st mo.		
1. BASIC FILIN	G, SEARCH	, AND EX		FEES	450	225	Extension for reply within 2 <sup>nd</sup> mo.	
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	
Utility	300	500	200		1.590	795	Extension for reply within 4 <sup>th</sup> mo.	
Design	200	100	130		2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.	
Plant	200	300	160		500	250	Notice of Appeal	
Reissue	300	500	600		500	250	Filing a brief in support of an appeal	
Provisional	200	0	0		1,000	500	Request for oral hearing	
2.0		mall Entity			400	0	Petitions to the Director	
			TOTAL		180	180	Submission of IDS	
2. EXCESS CLA	IM FEES		Fee	Small Entity	790	395	Filing a submission after final	
		ėjėsijos išaok		Fee (\$)		370	rejection (37 CFR 1.129(a))	
Each claim over 20 or, for Reissucs, each claim over 20 and more than in the original patent 50 25								
Each independent claim over 3 or, for Reissues, 200 100				790	395	For each additional invention to be		
each independent claim more than in the original patent.			100	100	examined (37 CFR 1.129(b)) Certificate of Correction for applicant's			
•					Ì		error	
Total Claims	)	Extra Claims	:	Fee Paid (\$)	130	65	Submission of Terminal Disclaimer	
150 - 150 or HP= x \$								
HP = highest number of total claims paid for, if greater than 20				Other fe	e (Specify)	RCE Filing Fee		
Indep. Claims Extra Claims Fee Paid (\$)					1			180.00
29 - 29 or HP= x \$=					Other fee (Specify)		IDS	
HP = highest number of total claims paid for, if greater than 3					<u> </u>		4. TOTAL:	\$180.00
Multiple Dependent Claims	Fee(\$) 360	Smal	I Entity fee (\$) 0	Fee Paid (\$)	1			
							TOTAL AMOUNT S	SUBMITTED
2. TOTAL:					(\$180.00)			
3. APPLICATION SIZE FEE				SIGNATURE BLOCK				
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				Respectfully submitted, PEG. No.				
Total Ex	Sheets thereof Paid Date: September 26, 2007							
					Reg. No.: 38,708 For. David W. Laub			
					Tel. No.: (202) 416-6800 Attorney for the Applicant(s)			
3. TOTAL:					Fax No.: (202) 416-6899 Proskauer Rose LLP			
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